

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000998

FILED  
Mar 16, 2009  
Secretary of State

Entity Name: CARRIAGE CROSSING II ASSOCIATION, INC.

## Current Principal Place of Business:

155 ST. JOHNS BUSINESS PLACE  
SUITE 201  
ST. AUGUSTINE, FL 32095 US

## Current Mailing Address:

P. O. BOX 600033  
ST. JOHNS, FL 32260 US

## New Principal Place of Business:

12058 SAN JOSE BLVD.  
SUITE 203  
JACKSONVILLE, FL 32223 US

## New Mailing Address:

P. O. BOX 600033  
JACKSONVILLE, FL 32260 US

FEI Number: 59-3173433

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PROPERTY MANAGEMENT PARTNERS OF ST JOHNS,  
155 ST. JOHNS BUSINESS PLACE  
SUITE 201  
ST. AUGUSTINE, FL 32095 US

## Name and Address of New Registered Agent:

PROPERTY MANAGEMENT PARTNERS OF ST JOHNS  
12058 SAN JOSE BLVD.  
SUITE 203  
JACKSONVILLE, FL 32223 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ELAINE BROOKS

03/16/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: COWDEN, PAMELA  
Address: P.O.BOX 600033  
City-St-Zip: ST. JOHNS, FL 32260

Title: DVP ( ) Delete  
Name: NARAGON, CONNIE  
Address: P.O.BOX 600033  
City-St-Zip: ST. JOHNS, FL 32260

Title: DS ( ) Delete  
Name: PETRONE, ANNE  
Address: P.O.BOX 600033  
City-St-Zip: ST. JOHNS, FL 32260

Title: DT ( ) Delete  
Name: SHETROM, JENNIFER  
Address: P.O.BOX 600033  
City-St-Zip: ST. JOHNS, FL 32260

Title: D (X) Delete  
Name: LAPPAN, JAN  
Address: P.O.BOX 600033  
City-St-Zip: ST. JOHNS, FL 32260

Title: D (X) Delete  
Name: LINDER, KELLY  
Address: P.O. BOX 600033  
City-St-Zip: ST. JOHNS, FL 32260

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ROMANO, VINNY  
Address: P.O.BOX 600033  
City-St-Zip: JACKSONVILLE, FL 32260

Title: T (X) Change ( ) Addition  
Name: COWDEN, PAM  
Address: P.O.BOX 600033  
City-St-Zip: JACKSONVILLE, FL 32260

Title: S (X) Change ( ) Addition  
Name: PETRONE, ANNE  
Address: P.O.BOX 600033  
City-St-Zip: JACKSONVILLE, FL 32260

Title: D (X) Change ( ) Addition  
Name: MAYO, PAT  
Address: P.O.BOX 600033  
City-St-Zip: JACKSONVILLE, FL 32260

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VINNY ROMANO

P

03/16/2009

Electronic Signature of Signing Officer or Director

Date